



## Donation/Memorial Form

3559 Pine Street  
Deckerville, MI 48427  
(810) 376-2835

I want to donate: \$ \_\_\_\_\_

### Donor Information: (Please Print)

Mr.     Mrs.     Mr. & Mrs.     Other: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Contribution Method:

My check is enclosed. (Please make check payable to Deckerville Community Hospital)

Please charge my credit card:     Master Card     Visa     Discover

Name as is appears on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ CVV number \* \_\_\_\_\_

Authorization Signature: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\*The CVV number is a 3 or 4 digit number on the back of most credit cards.

### Commemorative gifts:

In memory of Name: \_\_\_\_\_

Additional Sentiment: \_\_\_\_\_

Send gift notification to:

Name: \_\_\_\_\_

Their relationship to the deceased/honoree: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_